

VOID THIS IS NOT A CHECK DOLLARS

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TO VERIFY AUTHORITY OF THIS DOCUMENT THE BACK CONTAINS WHAT BEHIND THE THAT CHANGED FROM BLUE TO CLEAR AND ALSO CONTAINS AN ORIGINAL WATERMARK WHICH CAN BE VIEWED WITH HELP OF A MAGNIFYING GLASS

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION			EARNINGS		WITHHOLDINGS	
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
PERSONAL AND CHECK INFORMATION Cheryl I Brown 53 Black Eyed Susan Road Langhorne, PA 19047 Soc Sec #: xxx-xx-xxxx Contractor ID: 38 Home Department: 200 1099 Pay Period: 05/20/19 to 06/02/19 Check Date: 06/07/19 Check #: 13880			EARNINGS BSC 1099 35.0000 393.75 REIMB & OTHER PAYMENTS 393.75		WITHHOLDINGS Fed Backup No Withholding PA Backup No Withholding	
NET PAY ALLOCATIONS Check Amount 0.00 0.00 Chkg 4408 393.75 5613.75 NET PAY 393.75 5613.75						

Case 19-13337-jkf
HORIZONS BEHAVIORAL HEALTH LLC
ROSENBERG MATTHEW SINGLE MBR
113 LAKESIDE DRIVE
SOUTHAMPTON PA 18966-4048

Doc 13 Filed 07/22/19
ORG1: 0000000000
EE ID: 36 DD

Entered 07/22/19 12:14:01 Desc Main
Document Page 2 of 8

05/24/2019	13816
DATE	CHECK NO.

PAY TO THE
ORDER OF

CHERYL I BROWN
53 BLACK EYED SUSAN ROAD
LANGHORNE PA 19047

Total Net Direct Deposit(s)
****\$562.50****

AMOUNT

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FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION

Cheryl I Brown
53 Black Eyed Susan Road
Langhorne, PA 19047
Soc Sec #: xxx-xx-xxxx Contractor ID: 36

Home Department: 200 1099

Pay Period: 05/06/19 to 05/19/19
Check Date: 05/24/19 Check #: 13816

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 4408	562.50	5220.00
NET PAY	562.50	5220.00

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
BSC 1099		35.0000	562.50		5220.00
REIMB & OTHER PAYMENTS			562.50		5220.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Fed Backup	No Withholding		
PA Backup	No Withholding		

NET PAY

THIS PERIOD (\$)
562.50

YTD (\$)
5220.00

Payrolls by Paychex, Inc.

0026 0026-M604 Horizons Behavioral Health LLC • Rosenberg Matthew Single Mbr • 113 Lakeside Drive • Southampton PA 18966-4048 • (215) 355-9707

HORIZONS BEHAVIORAL HEALTH LLC
ROSENBERG MATTHEW SINGLE MBR
113 LAKESIDE DRIVE
SOUTHAMPTON PA 18966-4048

0026-M604
ORG1000
EE ID: 36 DD

05/10/2019	13747
DATE	CHECK NO.

PAY TO THE
ORDER OF

CHERYL I BROWN
53 BLACK EYED SUSAN ROAD
LANGHORNE PA 19047

Total Net Direct Deposit(s)
****\$326.25****

AMOUNT

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PERSONAL AND CHECK INFORMATION
Cheryl I Brown
53 Black Eyed Susan Road
Langhorne, PA 19047
Soc Sec #: xxx-xx-xxxx Contractor ID: 36

Home Department: 200 1099

Pay Period: 04/22/19 to 05/05/19
Check Date: 05/10/19 Check #: 13747

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 4408	326.25	4657.50
NET PAY	326.25	4657.50

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	BSC 1099		35.0000	326.25		4657.50
	REIMB & OTHER PAYMENTS			326.25		4657.50
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Fed Backup	No Withholding				
	PA Backup	No Withholding				

NET PAY	THIS PERIOD (\$) 326.25	YTD (\$) 4657.50
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HORIZONS BEHAVIORAL HEALTH LLC
ROSENBERG MATTHEW SINGLE MBR
113 LAKESIDE DRIVE
SOUTHAMPTON PA 18966-4048

0026-M604
ORG1
EE ID: 36 DD

Case 19-13337-jkf Doc 13 Filed 07/22/19 Entered 07/22/19 12:14:01 Desc Main Document Page 4 of 8

04/26/2019

13687

DATE

CHECK NO.

PAY TO THE
ORDER OF

CHERYL I BROWN
53 BLACK EYED SUSAN ROAD
LANGHORNE PA 19047

Total Net Direct Deposit(s)

\$427.50

AMOUNT

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FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION

Cheryl I Brown
53 Black Eyed Susan Road
Langhorne, PA 19047

Soc Sec #: xxx-xx-xxxx Contractor ID: 36

Home Department: 200 1099

Pay Period: 04/08/19 to 04/21/19

Check Date: 04/26/19 Check #: 13687

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 4408	<u>427.50</u>	<u>4331.25</u>
NET PAY	427.50	4331.25

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
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BSC 1099		35.0000	<u>427.50</u>		<u>4331.25</u>
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REIMB & OTHER PAYMENTS			<u>427.50</u>		<u>4331.25</u>
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WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
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Fed Backup	No Withholding		
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PA Backup	No Withholding		
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NET PAY

THIS PERIOD (\$)	YTD (\$)
<u>427.50</u>	<u>4331.25</u>

THIS PERIOD (\$)	YTD (\$)
<u>427.50</u>	<u>4331.25</u>

Payrolls by Paychex, Inc.

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HORIZONS BEHAVIORAL HEALTH LLC
ROSENBERG MATTHEW SINGLE MBR
113 LAKESIDE DRIVE
SOUTHAMPTON PA 18966-4048

0026-M604
ORG 12/20/03
EE ID: 36 DD

04/12/2019

13618

DATE

CHECK NO.

PAY TO THE
ORDER OF

CHERYL I BROWN
53 BLACK EYED SUSAN ROAD
LANGHORNE PA 19047

Total Net Direct Deposit(s)
****\$371.25****

AMOUNT

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FOLD AND REMOVE

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION

Cheryl I Brown
53 Black Eyed Susan Road
Langhorne, PA 19047
Soc Sec #: xxx-xx-xxxx Contractor ID: 36

Home Department: 200 1099

Pay Period: 03/25/19 to 04/07/19

Check Date: 04/12/19 Check #: 13618

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 4408	<u>371.25</u>	<u>3903.75</u>
NET PAY	371.25	3903.75

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
BSC 1099		35.0000	<u>371.25</u>		<u>3903.75</u>
REIMB & OTHER PAYMENTS			<u>371.25</u>		<u>3903.75</u>

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Fed Backup	No Withholding		
PA Backup	No Withholding		

NET PAY

THIS PERIOD (\$)
371.25

YTD (\$)
3903.75

BUSINESS INCOME AND EXPENSES – Individual Month

(must be completed month by month for proceeding 6 months; plus current month for Ch 7)

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS

(Note: ONLY INCLUDE information directly related to the business operation.)

- GROSS RECEIPTS (ie INCOME) FOR THE MONTH OF: 3/18/19 - 3/31/19

- Gross Income/Receipts \$ 550.00

MONTHLY EXPENSES:

- Net Employee Payroll (Other Than Debtor)	\$
- Payroll Taxes	\$
- Unemployment Taxes	\$
- Worker's Compensation	\$
- Other Taxes	\$
- Inventory Purchases (Including raw materials)	\$
- Purchase of Feed/Fertilizer/Seed/Spray	\$
- Rent (Other than debtor's principal residence)	\$
- Utilities	\$
- Office Expenses and Supplies	\$ <u>10.00</u>
- Repairs and Maintenance	\$
- Vehicle Expenses	\$ <u>35.00</u>
- Travel and Entertainment	\$ <u>25.00</u>
- Equipment Rental and Leases	\$
- Legal/Accounting/Other Professional Fees	\$
- Insurance	\$
- Employee Benefits (e.g., pension, medical, etc.)	\$
- Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition	\$
- Business Debts (Specify):	

- Other (Specify): \$ _____

- Total Monthly Expenses \$ 70.00

BUSINESS INCOME AND EXPENSES – Individual Month

(must be completed month by month for proceeding 6 months; plus current month for Ch 7)

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS

(Note: ONLY INCLUDE information directly related to the business operation.)

- GROSS RECEIPTS (ie INCOME) FOR THE MONTH OF: 3/5/19 - 3/17/19

- Gross Income/Receipts \$ 500.00

MONTHLY EXPENSES:

- Net Employee Payroll (Other Than Debtor)	\$
- Payroll Taxes	\$
- Unemployment Taxes	\$
- Worker's Compensation	\$
- Other Taxes	\$
- Inventory Purchases (Including raw materials)	\$
- Purchase of Feed/Fertilizer/Seed/Spray	\$
- Rent (Other than debtor's principal residence)	\$
- Utilities	\$
- Office Expenses and Supplies	\$ <u>10.00</u>
- Repairs and Maintenance	\$
- Vehicle Expenses	\$ <u>35.00</u>
- Travel and Entertainment	\$ <u>25.00</u>
- Equipment Rental and Leases	\$
- Legal/Accounting/Other Professional Fees	\$
- Insurance	\$
- Employee Benefits (e.g., pension, medical, etc.)	\$
- Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition	\$
- Business Debts (Specify):	

- Other (Specify): \$ _____

- Total Monthly Expenses \$ 70.00

BUSINESS INCOME AND EXPENSES – Individual Month

(must be completed month by month for proceeding 6 months; plus current month for Ch 7)

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS

(Note: ONLY INCLUDE information directly related to the business operation.)

- GROSS RECEIPTS (ie INCOME) FOR THE MONTH OF: 2/18-3/4/19

- Gross Income/Receipts \$ 550-600

MONTHLY EXPENSES:

- Net Employee Payroll (Other Than Debtor)	\$
- Payroll Taxes	\$
- Unemployment Taxes	\$
- Worker's Compensation	\$
- Other Taxes	\$
- Inventory Purchases (Including raw materials)	\$
- Purchase of Feed/Fertilizer/Seed/Spray	\$
- Rent (Other than debtor's principal residence)	\$
- Utilities	\$
- Office Expenses and Supplies	\$ <u>10.00</u>
- Repairs and Maintenance	\$
- Vehicle Expenses	\$ <u>35.00</u>
- Travel and Entertainment	\$ <u>25.00</u>
- Equipment Rental and Leases	\$
- Legal/Accounting/Other Professional Fees	\$
- Insurance	\$
- Employee Benefits (e.g., pension, medical, etc.)	\$
- Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition	\$
- Business Debts (Specify):	

- Other (Specify): \$ _____

- Total Monthly Expenses \$ 70.00